FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number:

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR ALTED OFFEDING EXEMPTION



UNIFORM LIMITED OFFERING EXEMI	06039642
ame of Offering (C check if this is an amendment and name has changed, and indicate change.)	
iling Under (Check box(es) that apply):	ULOE CAIVED WA
A. BASIC IDENTIFICATION DATA	< JUN 1 5 2006
Enter the information requested about the issuer	72
amb of Issuer 1 (Theory of this is an amendment and name has changed, and indicate change.)	125 (8)
thena CIVIQ investors, LLC	185/8
address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
870 Sacramento Street, San Francisco, CA 94115	415-835-0226
Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Real Estate Investment	PROCESSE
ype of Business Organization □ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed	please specify): E JUN 3 0 2008
Month Year Actual or Estimated Date of Incorporation or Organization: 0 5 0 6 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: The Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (7d(6)). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	·
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given living it is due, on the date it was mailed by United States registered or certified mail to that address.	
Those To File. U.S. Scordifes and Evoluting Commission, 450 Fifth Street, N.W., Washington, D.C., 20	0240
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual shotocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manually signed must be
information Required: A new filing must contain all information requested. Amendments need only represented, the information requested in Part C, and any material changes from the information previously support by the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for JLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shal
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unlifiling of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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SEC 1972 (6-02)



			A. BASIC	IDENTIFICATION DATA		
2.	Enter the information re	equested for the fo	llowing:			
	• Each promoter of	the issuer, if the is:	suer has been organize	d within the past five years:		
	Each beneficial ov	oner having the pow	er to vote or dispose, o	r direct the vote or disposition	n of, 10% or more of	a class of equity securities of the issuer.
	• Each evention of	ficer and director o	ficorporate issuers and	l of corporate general and ma	ennging partners of	partnership issuers; and
	Each general and it	managing partner o	f partnership issuers.			
						77. 6
Che	ck Box(es) that Apply:	Promoter	Beneficial Own	er 🔲 Executive Officer	Director	General and/or Managing Partner
Mai	Name (Last name first, ttes, Katherine					
	iness or Residence Addre 70 Sacramento Street			p Code)		
Che	ck Box(es) that Apply:	Promoter	Beneficial Own	ner 📗 Executive Officer	Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Bus	iness or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Che	ck Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	r Director	General and/or Managing Partner
Full	Name (Last name first.	if individual)				
Bus	iness or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Che	ck Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	r Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Bus	iness or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Che	ck Box(es) that Apply.	Promoter	Beneficial Owi	ner Executive Officer	r Director	General and/or Managing Partner
Full	Name (Lest name first,	if individual)				
Bus	iness or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Che	ek Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Office	r 📗 Director	General and/or Managing l'artner
Full	Name (Last name first,	if individual)				
Bus	iness or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Che	eck Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Office	r Director	General and/or Managing Partner
Full	Name (Last name first,	if individual)				
Bus	iness or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
		(Use bi	ank sheet, or copy and	use additional copies of this	sheet, as necessary)

					B, IN	FORMATI	ON ABOU	OFFERIN	iG.		:		
1.	Has the	issuer sold	, or does th		tend to sel ver also in							Yes X	No
2.	What is	the minim	um investm	ent that wi	ill be accep	ited from a	ny individ	ual?		***************************************		s_5,00	00.00
3. 4.	Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirectly, at commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin It's person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such									rectly, any ne offering, with a state	Yes 😰	No	
			me of the bi							ciated pers	ons of such		
Fu			tīrst, if indi										
Ru	siness or	Residence	Aildress (N	umber and	Street, Ci	ty. State. 7	in Code1						
	3111033 01	Rusidellee											
Na	ime of As:	sociated Br	oker or Dea	ıler									
Sta	ates in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	•••••	***************************************		••••	***************************************			States
	AL TL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fu	ill Name (Last name	first, if indi	vidual)							*		
Bu	isiness or	Residence	Address (Number an	d Street, C	ity, State,	Zip Code)					<u>.</u> <u></u>	
Na	ime of As	sociated Br	oker or De	aler									
Su	ates in Wi	vich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers		,				- ··· - 7··
	(Check	"All States	s" or check	individual	States)			**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		☐ Al	States
	AL MT RI	AK IN NE SC	IA NV SD	AR NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK W1	MS OR WY	ID MU PA PR
Fi	ill Name (Last name	first, if ind	vidual)					· · ·				
В	usiness or	Residence	: Address (Number an	d Street, C	ity, State,	Zip Coder						
Na	ame of As	sociated B	roker or De	aler									
St	ates in W	hich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						····
	(Check	"All State:	s" or check	individual	l States)						••••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WT	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	
	Deht		S
	Equity	5 170,000.00	S 170,000.00
	Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	s_170,000.00	S_170,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors		s 120,000
	Ner-accredited investors		s 50,000
	Total (for filings under Rule 504 only)	_/8	. s <u>170,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C \rightarrow Question 1$.		
	Type of Offering	Type of Security	Dollar Amount Sold
		11.51	s 170,000.00
	Regulation A		
	-		s
	Rule 504		\$
	Total		\$ 170,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs] \$
	Logal Fees		\$ 2,000.00
	Accounting Fees	_	4 000 00
	Engineering Fees	•	
	Sales Commissions (specify finders' fees separately)	_	
	Other Expenses (identify) Franchise Taxes; Filing Fees	_	2 000 00
	Total		\$ 8,000.00

	and total expenses furnished in response to Par	e offering price given in response to Part C — Question tC — Question 4.a. This difference is the "adjusted gr	oss		162,000.00 \$
5.	each of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate a total of the payments listed must equal the adjusted grate Part C — Question 4.b above.	and		
				Payments to Officers, Directors, & Affiliates	Payments to Others
				-	_
			[] S	. 🗆 \$
	Purchase, rental or leasing and installation	of machinery		1.6	-
		and facilities	_	7	
	• • •		•••• Ц) S	. 🗀 🍮
	Acquisition of other businesses (including a offering that may be used in exchange for t issuer pursuant to a merger)			1\$	ПS
			_		
					_
	Other (specify): Investment in Real Estat	e Investment Project	_ [] S	S 162,000.00
	•		_ [] \$	
	Column Fotals		····· [s 0.00	s162,000.00
	Total Payments Listed (column totals added	1)		□ \$ <u></u> 1	62,000.00
		D. FEDERAL SIGNATURE		•	
sig	mature constitutes an undertaking by the issue	I by the undersigned duly authorized person. If this nor to furnish to the U.S. Securities and Exchange Comon-accredited investor pursuant to paragraph (b)(2)	nniss	ion, upon writte	ule 505, the followin en request of its staf
	sucr (Print or Type)	Signature	1 -	ate	
A	thena CIVIQ Investors, LLC	Collows D. Marses	٨	/lay 19, 2006	
Nε	ime of Signer (Print or Type)	Title of Signer (Print or Type)			
	therine Mattes	Managing Member	Managing Member		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
ļ	Is any party described in 17 CFR 230 262 presently subject to any of the disqualification provisions of such rule?	Yes	∀ 0
	San Annandis Column 5 for state response		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Athena CIVIQ Investors, LLC	Signature De Marie	Date May 19, 2006	
Name (Print or Type)	Title (Print or Type)		
Katherine Mattes	Managing Member		

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX			:		
l	Intend to non-a investor	I to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK						_				
AZ										
AR										
CA		ж	LLC Interests	10	120,000	6	50,000		×	
со										
СТ										
DE										
DC				}						
FL										
GA										
ні										
ID										
П.										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA									: : : : :	
MI										
MN										
MS										

APPENDIX 2 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State offered in state waiver granted) investors in State (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors No Amount Investors Yes No State Yes Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA WVWI

	APPENDIX											
1		2	3		5 Disqualification							
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and explain amount purchased in State waive		(if yes, explan waiver	atte ULOE attach attion of granted) -Item 1)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												